

JS 44C/SDNY
REV. 5/2010

CIVIL COVER SHEET

The JS-44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for use of the Clerk of Court for the purpose of initiating the civil docket sheet.

11CV9087
Schemm

PLAINTIFFS

DEFENDANTS

Dana H. Fox

Motors Liquidation Company

ATTORNEYS (FIRM NAME, ADDRESS, AND TELEPHONE NUMBER)

ATTORNEYS (IF KNOWN)

CAUSE OF ACTION (CITE THE U.S. CIVIL STATUTE UNDER WHICH YOU ARE FILING AND WRITE A BRIEF STATEMENT OF CAUSE)
(DO NOT CITE JURISDICTIONAL STATUTES UNLESS DIVERSITY)

Has this or a similar case been previously filed in SDNY at any time? No ☐ Yes ☐ Judge Previously Assigned

If yes, was this case Vol. ☐ Invol. ☐ Dismissed. No ☐ Yes ☐ If yes, give date & Case No.

(PLACE AN [x] IN ONE BOX ONLY)

NATURE OF SUIT

09-50026 # 10881

ACTIONS UNDER STATUTES

TORTS		FORFEITURE/PENALTY		BANKRUPTCY		OTHER STATUTES	
CONTRACT		PERSONAL INJURY		PERSONAL INJURY		PERSONAL INJURY	
<input type="checkbox"/> 110 INSURANCE		<input type="checkbox"/> 310 AIRPLANE		<input type="checkbox"/> 362 PERSONAL INJURY -		<input type="checkbox"/> 400 STATE	
<input type="checkbox"/> 120 MARINE		<input type="checkbox"/> 315 AIRPLANE PRODUCT		<input type="checkbox"/> 365 MED MALPRACTICE		<input type="checkbox"/> 410 REAPPORTIONMENT	
<input type="checkbox"/> 130 MILLER ACT		<input type="checkbox"/> 320 LIABILITY		<input type="checkbox"/> 365 PERSONAL INJURY		<input type="checkbox"/> 430 ANTI-TRUST	
<input type="checkbox"/> 140 NEGOTIABLE		<input type="checkbox"/> 320 ASSAULT, LIBEL &		<input type="checkbox"/> 365 PERSONAL INJURY		<input type="checkbox"/> 430 BANKS & BANKING	
<input type="checkbox"/> INSTRUMENT		<input type="checkbox"/> 320 SLANDER		<input type="checkbox"/> 365 PRODUCT LIABILITY		<input type="checkbox"/> 450 COMMERCE	
<input type="checkbox"/> 150 RECOVERY OF		<input type="checkbox"/> 330 FEDERAL		<input type="checkbox"/> 368 ASBESTOS PERSONAL		<input type="checkbox"/> 460 DEPORTATION	
<input type="checkbox"/> OVERPAYMENT &		<input type="checkbox"/> EMPLOYERS'		<input type="checkbox"/> INJURY PRODUCT		<input type="checkbox"/> 470 RACKETEER INFLU-	
<input type="checkbox"/> ENFORCEMENT OF		<input type="checkbox"/> LIABILITY		<input type="checkbox"/> LIABILITY		<input type="checkbox"/> ENCED & CORRUPT	
<input type="checkbox"/> JUDGMENT		<input type="checkbox"/> 340 MARINE		<input type="checkbox"/> 630 LIQUOR LAWS		<input type="checkbox"/> ORGANIZATION ACT	
<input type="checkbox"/> 151 MEDICARE ACT		<input type="checkbox"/> 345 MARINE PRODUCT		<input type="checkbox"/> 640 RR & TRUCK		<input type="checkbox"/> (RICO)	
<input type="checkbox"/> 152 RECOVERY OF		<input type="checkbox"/> LIABILITY		<input type="checkbox"/> 650 AIRLINE REGS		<input type="checkbox"/> 480 CONSUMER CREDIT	
<input type="checkbox"/> DEFAULTED		<input type="checkbox"/> 350 MOTOR VEHICLE		<input type="checkbox"/> 660 OCCUPATIONAL		<input type="checkbox"/> 490 CABLE/SATELLITE TV	
<input type="checkbox"/> STUDENT LOANS		<input type="checkbox"/> 355 MOTOR VEHICLE		<input type="checkbox"/> SAFETY/HEALTH		<input checked="" type="checkbox"/> 810 SELECTIVE SERVICE	
<input type="checkbox"/> (EXCL VETERANS)		<input type="checkbox"/> PRODUCT LIABILITY		<input type="checkbox"/> 690 OTHER		<input type="checkbox"/> 850 SECURITIES/	
<input type="checkbox"/> 153 RECOVERY OF		<input type="checkbox"/> 360 OTHER PERSONAL		LABOR		<input type="checkbox"/> COMMODITIES/	
<input type="checkbox"/> OVERPAYMENT OF		<input type="checkbox"/> INJURY		<input type="checkbox"/> 710 FAIR LABOR		<input type="checkbox"/> EXCHANGE	
<input type="checkbox"/> VETERAN'S BENEFITS				<input type="checkbox"/> STANDARDS ACT		<input type="checkbox"/> 875 CUSTOMER	
<input type="checkbox"/> 160 STOCKHOLDERS SUITS				<input type="checkbox"/> 720 LABOR/MGMT		<input type="checkbox"/> CHALLENGE	
<input type="checkbox"/> 190 OTHER CONTRACT				<input type="checkbox"/> RELATIONS		<input type="checkbox"/> 12 USC 3410	
<input type="checkbox"/> 195 CONTRACT PRODUCT				<input type="checkbox"/> 730 LABOR/MGMT		<input type="checkbox"/> 890 OTHER STATUTORY	
<input type="checkbox"/> LIABILITY				<input type="checkbox"/> REPORTING &		<input type="checkbox"/> ACTIONS	
<input type="checkbox"/> 196 FRANCHISE				<input type="checkbox"/> DISCLOSURE ACT		<input type="checkbox"/> 891 AGRICULTURAL ACTS	
				<input type="checkbox"/> 740 RAILWAY LABOR ACT		<input type="checkbox"/> 892 ECONOMIC	
				<input type="checkbox"/> 790 OTHER LABOR		<input type="checkbox"/> STABILIZATION ACT	
				<input type="checkbox"/> LITIGATION		<input type="checkbox"/> 893 ENVIRONMENTAL	
				<input type="checkbox"/> 791 EMPL RET INC		<input type="checkbox"/> MATTERS	
				<input type="checkbox"/> SECURITY ACT		<input type="checkbox"/> 894 ENERGY	
						<input type="checkbox"/> ALLOCATION ACT	
						<input type="checkbox"/> 895 FREEDOM OF	
						<input type="checkbox"/> INFORMATION ACT	
						<input type="checkbox"/> 900 APPEAL OF FEE	
						<input type="checkbox"/> DETERMINATION	
						<input type="checkbox"/> UNDER EQUAL ACCESS	
						<input type="checkbox"/> TO JUSTICE	
						<input type="checkbox"/> 950 CONSTITUTIONALITY	
						<input type="checkbox"/> OF STATE STATUTES	

Check if demanded in complaint:

☐ CHECK IF THIS IS A CLASS ACTION
UNDER F.R.C.P. 23

DO YOU CLAIM THIS CASE IS RELATED TO A CIVIL CASE NOW PENDING IN S.D.N.Y.?
IF SO, STATE:

DEMAND \$ _____ OTHER _____ JUDGE _____ DOCKET NUMBER _____

Check YES only if demanded in complaint

JURY DEMAND: ☐ YES ☐ NO

NOTE: Please submit at the time of filing an explanation of why cases are deemed related.

(PLACE AN *x* IN ONE BOX ONLY)

ORIGIN

- ☒ 1 Original Proceeding ☐ 2a. Removed from State Court ☐ 3 Remanded from Appellate Court ☐ 4 Reinstated or Reopened ☐ 5 Transferred from (Specify District) ☐ 6 Multidistrict Litigation ☐ 7 Appeal to District Judge from Magistrate Judge Judgment
- ☐ 2b. Removed from State Court **AND** at least one party is pro se.

(PLACE AN *x* IN ONE BOX ONLY)

BASIS OF JURISDICTION

**IF DIVERSITY, INDICATE
CITIZENSHIP BELOW.
(28 USC 1322, 1441)**

- ☐ 1 U.S. PLAINTIFF ☐ 2 U.S. DEFENDANT ☒ 3 FEDERAL QUESTION (U.S. NOT A PARTY) ☐ 4 DIVERSITY

CITIZENSHIP OF PRINCIPAL PARTIES (FOR DIVERSITY CASES ONLY)

(Place an [X] in one box for Plaintiff and one box for Defendant)

CITIZEN OF THIS STATE	PTF DEF [] 1 [] 1	CITIZEN OR SUBJECT OF A FOREIGN COUNTRY	PTF DEF [] 3 [] 3	INCORPORATED <u>and</u> PRINCIPAL PLACE OF BUSINESS IN ANOTHER STATE	PTF DEF [] 5 [] 5
CITIZEN OF ANOTHER STATE	[] 2 [] 2	INCORPORATED <u>or</u> PRINCIPAL PLACE OF BUSINESS IN THIS STATE	[] 4 [] 4	FOREIGN NATION	[] 6 [] 6

PLAINTIFF(S) ADDRESS(ES) AND COUNTY(IES)

DEFENDANT(S) ADDRESS(ES) AND COUNTY(IES)

DEFENDANT(S) ADDRESS UNKNOWN

REPRESENTATION IS HEREBY MADE THAT, AT THIS TIME, I HAVE BEEN UNABLE, WITH REASONABLE DILIGENCE, TO ASCERTAIN THE RESIDENCE ADDRESSES OF THE FOLLOWING DEFENDANTS:

Check one: THIS ACTION SHOULD BE ASSIGNED TO: ☐ WHITE PLAINS ☒ MANHATTAN
(DO NOT check either box if this a PRISONER PETITION.)

DATE 12/13/2011 SIGNATURE OF ATTORNEY OF RECORD

ADMITTED TO PRACTICE IN THIS DISTRICT

[] NO

[] YES (DATE ADMITTED Mo. _____ Yr. _____)

RECEIPT #

Attorney Bar Code #

Magistrate Judge is to be designated by the Clerk of the Court.

Magistrate Judge _____ is so Designated.

Ruby J. Krajick, Clerk of Court by _____ Deputy Clerk, DATED _____.

UNITED STATES DISTRICT COURT (NEW YORK SOUTHERN)